

Forward

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Wisconsin Medicaid

April/May 2000

Medicaid managed care news from the Department of Health and Family Services and the Division of Health Care Financing

Wisconsin's immunization registry being implemented statewide

Goal is for 90% of children to complete primary immunization series by age two

The Wisconsin Immunization Program, Division of Public Health, Department of Health and Family Services (DHFS), is implementing the Wisconsin Immunization Registry (WIR) to record and track the immunizations of children across the state of Wisconsin. The WIR is used to record all childhood immunizations for Wisconsin residents beginning at birth or with a move into the state.

The WIR helps both public health departments and private health care providers ensure that children are on schedule for their recommended immunizations. Once the WIR is fully implemented, both types of providers will have direct access to the central registry through the Internet.

The purpose of the WIR is to help meet the state and national immunization goal. The Wisconsin immunization goal is to have at least 90% of all children complete their primary immunization series by their second birthday. This series includes all of the following vaccinations:

- Four Diphtheria, Tetanus, and Pertussis (DTaP) vaccinations.
- Three Polio vaccinations.
- One Measles, Mumps, and Rubella (MMR) vaccination.
- Three Haemophilus Influenzae Type B (Hib) vaccinations.



The registry is used to record all childhood immunizations for Wisconsin residents beginning at birth or with a move into the state.

The National Immunization Survey reported that in 1998 only 78% of Wisconsin's two-year-old population had completed this series.

The WIR will track an individual's immunization history from birth or a move into the state to death. In addition to childhood immunizations, adult vaccinations such as tetanus boosters are also tracked.

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New guide rates HMOs in service categories

Information is presented in an easy-to-understand report card format

For more information about the guide, contact BMHCP policy analyst Dave Dunham at (608) 267-9555.

Wisconsin Medicaid has developed a guide that will allow Medicaid HMO enrollees to review a prospective HMO's service record prior to enrolling with the HMO.

The publication is called the *Wisconsin Managed Care Program Guide to HMOs* and has information presented in an easy-to-understand report card format. HMOs in the report are rated as above average, average, or below average in the amount of care they provided for Medicaid recipients in specific service categories.



- Pap tests.
- Mammograms.
- Substance abuse and mental health services.

The service information is divided into two groups: Milwaukee Medicaid HMOs and Medicaid HMOs in counties other than Milwaukee County. The report card uses 1998 data.

The guide will be distributed with the *Choosing Your HMO* enrollment booklet, which is sent to recipients in Medicaid HMO areas. ♦

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HMOs in the report are rated as above average, average, or below average in the amount of care they provided for Medicaid recipients in specific service categories.

"The guide compares HMOs by the services they provided according to the data they supplied," said Dave Dunham, policy analyst at the Bureau of Managed Health Care Programs, Division of Health Care Financing, Department of Health and Family Services (DHFS). The data used to compile the guide are based on paid claims information the HMOs sent to the DHFS.

Since the data in the report show services provided prior to the inception of BadgerCare, the information published focuses mainly on women's and children's health issues. Women and children made up the majority of Medicaid managed care recipients. Ratings indicate the amount of care given for the following services:

- Well-child health checkups.
- Immunizations.
- Lead tests.

Forward

Forward seeks to provide information about Wisconsin Medicaid managed care initiatives and other issues affecting Wisconsin Medicaid.

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Family Care-Care Management Organization pilots begin

Four pilots starting this year; four more scheduled to start by January 2002

A Family Care pilot project in one Wisconsin county has begun to provide managed long term care services to people who are elderly, to adults with physical disabilities,* and to adults with developmental disabilities.**

Creative Care Options of Fond du Lac County opened its doors as a Family Care-Care Management Organization (CMO) on February 1, 2000. The state of Wisconsin has contracted with this managed care organization to manage long term care services for these individuals.

Other Family Care CMO pilots are starting this year also. These include sites in Milwaukee, La Crosse, and Portage counties. Richland County will begin a CMO in January 2001. In addition, three more Family Care pilots are scheduled to begin in 2002. These sites include Kenosha and Marathon counties, and a site that will serve Forest, Vilas, and Oneida counties.

The goal of Family Care is to increase access to long term care services and to assist people to remain independent and improve health and long term care outcomes.

CMOs provide or arrange care through a provider network for people who enroll in the CMO. Members live in their own homes, in nursing facilities, or in group living situations. Enrollees are screened for long term care needs at either a comprehensive (nursing home) or intermediate level of care.

Not all CMOs will serve all three populations (the elderly, adults with physical disabilities, and adults with developmental disabilities); some may serve one or a combination of target populations. For example, the Milwaukee CMO pilot will serve only elderly individuals, and the Forest, Vilas, and Oneida pilot will serve only people with developmental disabilities.

Until July 1, 2000, participants in Family Care must be eligible for Medicaid to be enrolled in



Fond du Lac County's Family Care resource center is located at 87 Vincent Street in the city of Fond du Lac. To find out more about the county's resource center or CMO, call toll-free at 1-888-435-7335, or visit the county's Department of Social Services Web site at www.execpc.com/~jevo/index.htm.

Family Care. On and after July 1, eligibility in the program will be expanded to those who may not meet Medicaid eligibility requirements.

All of the Family Care pilot counties either have or are currently developing Aging and Disability Resource Centers to provide eligibility, enrollment, and other functions. Aging and Disability Resource Centers are designed as "one-stop shops" to provide information and assistance to people seeking answers to questions about long term care.

Resource centers receive referrals from facilities such as nursing homes and community-based residential facilities (CBRFs) and counsel people who are about to enter such facilities about their long term care options. Resource centers also provide people with access to Medicaid and Family Care eligibility, assist them in choosing where they will receive services, and help them enroll in a CMO.

The CMOs are beginning their pilot projects with trained staffs. The state has provided

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CMOs provide or arrange for care through a provider network for people who enroll in the CMO. Members live in their own homes, in nursing facilities, or in group living situations.

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State office works with organizations receiving Medicaid funds to ensure civil rights compliance

UnitedHealthcare to become a best practice model



Gladis Benavides

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"We start with the premise that most people want to comply. Our first assumption is that maybe they don't have information and don't see us as a resource. If people have the practical information then, in most cases, they will do what is right." — Gladis Benavides

Cultural differences can cause communication problems in any given situation and the language barriers can be critical, especially when dealing with health care issues. Breakdowns in communication regarding health care can cause undue hardships on individuals and may even result in lawsuits.

To overcome these challenges, the Wisconsin Department of Health and Family Services (DHFS), Affirmative Action/Civil Rights Compliance Office has been visiting facilities and reviewing programs throughout the state to ensure they have the proper resources and programs in place to meet the demands of the culturally diverse population. If a facility has complied with all aspects of equal opportunity/civil rights compliance, it is deemed a best practice model and is used as an example for other facilities to follow.

According to Gladis Benavides, director of the Affirmative Action/Civil Rights Compliance Office, Division of Management and Technology, facilities receiving federal funds from Wisconsin Medicaid are required by law (Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990) to have bilingual services and interpreters and to have procedures in place for acquiring translation and interpretation services when needed.

"We, unless legislation changes, must make sure we are providing effective services, and the same thing goes for interpretive services," said Benavides.

To determine whether facilities are providing the proper translation services, Benavides said the DHFS is required to conduct a number of random on-site surveys per year. Benavides also personally visits facilities to determine whether they are in full compliance with civil rights laws, including affirmative action/civil

rights compliance training. If she identifies any issues, such as cultural competency concerns, she speaks to the administrator of the facility to identify possible alternatives to address those concerns. Cultural competency relates to understanding the nuances of each culture and is critical to provide proper translation and interpretation services.

"We look at it as a partnership of sorts," says Benavides. "We start with the premise that most people want to comply. Our first assumption is that maybe they don't have information and don't see us as a resource. If people have the practical information then, in most cases, they will do what is right."

After reviewing a facility's practices, the Affirmative Action/Civil Rights Compliance Office seeks out resources the facility can provide if needed, such as an employee survey to find out who speaks another language in addition to English. Other important resources may be identified within the workplace, such as volunteers in the community, using conference calls in emergency situations, agreements with college/technical college students, or subcontracting with community-based agencies or individuals, such as retired persons. The Affirmative Action/Civil Rights Compliance Office also provides a list of qualified translators and interpreters which may be available to the facility.

Problems can arise if translators aren't chosen carefully.

"If you have an eight-year-old child (performing translation) that child may not have the ability to translate medical terminology," said Benavides. "This can have some really potentially serious consequences."

"If they are not fully bilingual, you have a risk for malpractice. We need to definitely look at the individual's competency to ensure proper translation/interpretation."

Benavides provided another example involving an elderly client. The translator was fluent in the client's language but was not proficient in English. Therefore, the client was not able to follow the proper care plans.

Not being aware of different cultures can also cause problems.

As an example, Benavides described an incident that involved a Hmong patient who was receiving treatment at a hospital. At one point, the patient had 12 visitors who also brought their own food. According to hospital rules, only two visitors are allowed and food cannot be brought in. The attending nurse became agitated and threw the food away. The Hmong family clan leader or elder later went to the administrator and charged the hospital with rudeness and discrimination.

What was not communicated to the nurse was, traditionally in the Hmong culture, extended families are expected to visit and comfort the patient and perhaps bring food. Therefore, although hospital rules must be maintained, the situation needs to be handled in a culturally sensitive manner.

When the DHFS Affirmative Action/Civil Rights Compliance Office receives a complaint, the office will attempt to facilitate a resolution. One way to achieve this is by attaining a neutral zone where the issue can be dialogued and, if possible, resolved.

"We are advocates for the law, not any particular individual or group," said Benavides. "Our job is to get the facts."

One of the Wisconsin Medicaid HMOs which has entered into a partnership of civil rights compliance is UnitedHealthcare of Wisconsin

Trainings educate UnitedHealthcare staff

The DHFS Affirmative Action/Civil Rights Compliance Office has assisted UnitedHealthcare in developing training programs for managers and employees. The information is covered in the following three modules:

- **Rules and guidelines that govern affirmative action and civil rights laws** — These rules and guidelines are important for all to know. Affirmative action is a program that charges employers to determine where, in their company, women and minorities are not adequately represented. Civil rights laws are legislation created by Congress to provide for equal opportunity regarding delivery of services to all qualified people.

- **Diversity** — This is what makes us different from the next person. It is an aggregate of all qualities and characteristics that makes us unique. Diversity programs help us to understand each other's differences and assist us in communicating with people of different cultural backgrounds.
- **Cross-cultural communications** — These are skills which are necessary to effectively communicate verbally and non-verbally with people of different cultures. This knowledge is very important for people to perform their jobs effectively.

For more information on this material, contact the DHFS Affirmative Action/Civil Rights Compliance Office at (608) 266-3356.❖

Inc., formerly PrimeCare Health Plan, Inc., located in Milwaukee. In this partnership, UnitedHealthcare has agreed to work with the DHFS to meet civil rights compliance standards. After undergoing a civil rights compliance audit relating to interpreters and interpreter services in May of 1997, UnitedHealthcare has been working with Benavides to ensure it meets proper standards. According to Arlene De La Pasqua, director of Medicaid Services at UnitedHealthcare, UnitedHealthcare is hoping to implement its civil rights compliance program in the second quarter of 2000. Others who have been working

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State office works with organizations receiving Medicaid funds to ensure civil rights compliance

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For more information on UnitedHealthcare's civil rights compliance program, contact Arlene De La Pasqua, director of Medicaid Services, at (414) 443-4520.

with the DHFS to meet civil rights compliance standards include alcohol and other drug abuse facilities, several counties, and a youth facility.

To meet compliance standards, UnitedHealthcare provides interpreters, including sign language, telephonic devices for the hearing impaired, and any type of auxiliary aids (e.g., pencil, paper, flash cards). UnitedHealthcare also uses a three-way AT&T language line which allows clients to speak to the representative in their language. The line determines what language the client is speaking and then gets the appropriate interpreter. UnitedHealthcare also utilizes a Spanish line where clients can leave messages and Spanish-speaking representatives can get back to them.

If needed, interpreters may be present at medical or dental appointments to ensure the client understands the medical issues and can make appropriate decisions regarding his or her care. Sign language interpreters may also accompany clients to an appointment.

In addition to these services, UnitedHealthcare is also training its staff on what they need to do in cases where interpretation is needed and what it means to be culturally competent. Cultural competency relates to understanding the nuances of each culture.

"We put ourselves in their shoes," said De La Pasqua. "What are they experiencing based on their culture?"

According to De La Pasqua, UnitedHealthcare still experiences some difficulties in providing outreach services. HMOs are responsible for ensuring that non-English-speaking clients are receiving information in their primary language (e.g., those that are Spanish-speaking need to be getting information in that language); however, the HMO has no way of knowing which clients are non-English-

speaking, because this information is not required from its members. To overcome this problem, member handbooks sent by the HMO to all new members include a note translated in Hmong or Spanish asking whether the client needs a copy of the handbook translated in either language. If members speak a language other than Hmong or Spanish, they can converse with a representative through the AT&T language line for their immediate needs. The DHFS does not require handbooks to be translated into another language until a certain percentage of the HMO population speaks that language.

"When outreaching, you need to be in touch with members as soon as new members come in," said De La Pasqua.

To get facilities on the right track, Benavides refers them to best practice models (a facility that has complied with all aspects of equal opportunity / civil rights compliance). Benavides said UnitedHealthcare will be used as a best practice model for other HMOs to follow.

"It's logical we need to create things where people can say, 'Oh this is what you mean,'" said Benavides. Benavides added that a list of best practices will likely be issued by July 2000.

"If an HMO provides effective services to people, they will spread the word," said Benavides. "If you treat somebody right, you will have more clients. If you treat him or her wrong, there will be more people that will know that he or she received poor treatment.

"It's good business to provide good services." ❖

Send us your feedback

Do you have comments or questions on articles in this or other issues of *Forward*?

Is there a topic relating to Wisconsin Medicaid managed care that you'd like to see covered in *Forward*?

Please let us know. Your responses will aid us in our continuing effort to make *Forward* as relevant and useful to you as possible.

Send your comments or questions to Corey Huber, *Forward* Assistant Managing Editor, via E-mail at ForwardNewsletter@dhfs.state.wi.us, or via mail at the Bureau of Managed Health Care Programs\ P.O. Box 309\ Madison, WI 53701-0309. ❖

Family Care-Care Management Organization pilots begin

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training and technical assistance for over a year on the most salient issues for becoming a managed care contractor, including rate-setting and financial management, case management, automating data systems, and quality improvement.

Family Care benefits include long term care services, such as home health care services, but exclude acute and primary care services. Acute and primary care services, such as physician services, will remain fee-for-service. The following list is a general overview of the Medicaid state plan services that are included in the Family Care benefit package:

- Casemanagement.
- Home care services.
- Mental health/substance abuse and related services.
- Nursing facilities.
- Supplies and equipment.
- Therapyservices.
- Non-ambulance transportation.

The Family Care benefit also includes home- and community-based waiver services such as adaptive aids and Meals on Wheels.

Care Management Organizations will receive one monthly capitation payment for each Family Care enrollee. At the onset, there will be rates for the two levels of care: one rate will be for a "comprehensive" level of care, and the other rate will be for an "intermediate" level of care. The level of care will be based on the degree to which a recipient can independently manage the everyday activities of living, such as moving, eating, bathing, and dressing.

The state has contracted with the Lewin Group for an evaluation of the pilot phase and, if deemed successful, Family Care may be proposed to expand statewide. ❖

** A physical disability affects a person's physical abilities and results in substantial functional limitations.*

***A developmental disability is a mental or physical impairment which occurs before age 22 and results in substantial functional limitations.*

For more information about the Family Care CMO pilots, contact Monica Deignan, DHFS Center for Delivery Systems Development contract supervisor, at (608) 261-7807.

Immunization registry

Continued from page 1

Not only is the WIR able to inform providers about the immunization status of their patients, but the system is an excellent tracking tool as well. Immunization information can be tracked statewide and by patient, provider, facility, and region. The data will be organized so that it can be looked at from three perspectives: state, organization, and site.

The software necessary to manage the immunization records of individual providers and link with the statewide registry is available at no charge to all public and private providers in the state. The state is also providing ongoing training and technical support for the software.

Prior to implementation, the system was piloted in ten sites throughout the state. Upon completion of more than three months of pilot testing

in these locations, the Wisconsin Immunization Program began installing the WIR software at local health departments, federally qualified health centers, and tribal health centers throughout the state. During this current phase of installation, the program is also creating links with existing regional and local registries.

The second phase of the installation process will provide registry connections for private providers, managed care and other health insurance carriers, and other programs within the DHFS. ❖

For more information on the Wisconsin Immunization Registry, contact Dan Hopfensperger, Immunization Program Director, at (608) 266-1339.